

FACSIMILE: (714) 557-3347

**MAR 16 2006**

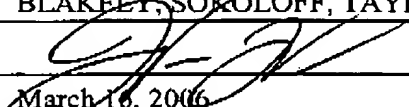
PAGE 1/15 \* RCVD AT 3/16/2006 6:56:35 PM [Eastern Standard Time] \* SVR:USPTO-EFXRF-1/13 \* DNIS:2738300 \* CSID:7145573347 \* DURATION (mm-ss):04-44

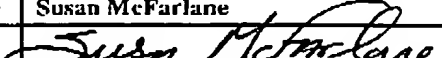
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MAR 16 2006

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application No.	09/823,127	
	Filing Date	March 30, 2001	
	First Named Inventor	Brent S. Jensen	
	Art Unit	2143	
	Examiner Name	Arrienne M. Lezak	
Total Number of Pages in This Submission	14	Attorney Docket Number	42390P10683

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Request for Refund	
	<input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	William W. Schaal, Reg. No. 39,018 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	March 16, 2006

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being transmitted via facsimile on the date shown below to the United States Patent and Trademark Office.			
Typed or printed name	Susan McFarlane		
Signature		Date	March 16, 2006

Based on PTO/SB/21 (09-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wtr) 11/02/2005  
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# **FEE TRANSMITTAL for FY 2005**

*Patent fees are subject to annual revision*

☐ Applicant claims small entity status. See 37 CFR 1.27.

**TOTAL AMOUNT OF PAYMENT (\$)** 0.00

## **Complete if Known**

Application Number 09/823,127  
Filing Date March 30, 2001  
First Named Inventor Brent S. Jensen  
Examiner Name Arrienne M. Lezak  
Art Unit 2143  
Attorney Docket No. 42390P10683

## **METHOD OF PAYMENT (check all that apply)**

☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify):  
☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayment of fee(s) ☐ Credit any overpayments  
under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

## **FEE CALCULATION**

### **1. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid
28	28*	0	50.00
Independent Claims	4	4*	200.00
Multiple Dependent			

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	300	2203	150	Multiple Dependent claim, if not paid
1204	700	2204	300	**Reissue independent claims over original patent
1205	300	2205	150	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (1)

(\$)

\*or number previously paid, if greater. For Reissues, see below

### **2. ADDITIONAL FEES**

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1051	130	2001	65	Surcharge - late filing fee or oath
1052	50	2002	25	Surcharge - late provisional filing fee or cover sheet
2053	130	2053	130	Non-English specification
1251	120	2251	60	Extension for reply within first month
1252	450	2252	225	Extension for reply within second month
1253	1,020	2253	510	Extension for reply within third month
1254	1,590	2254	795	Extension for reply within fourth month
1255	2,160	2255	1,080	Extension for reply within fifth month
1401	500	2401	250	Notice of Appeal
1402	600	2402	250	Filing a brief in support of an appeal
1403	1,000	2403	500	Request for oral hearing
1451	1,510	2451	1,510	Petition to institute a public use proceeding
1450	130	2400	120	Petitions to the Commissioner
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)
1809	180	1809	180	Submission of Information Disclosure Stmt
1809	700	1809	300	Filing a submission after final rejection (37 CFR § 1.129(a))
1810	700	2810	300	For each additional invention to be examined (37 CFR § 1.129(h))

Other fee (specify)

SUBTOTAL (2)

(\$)

Fee Paid

## **SUBMITTED BY**

Name (Print/Type) William W. Schaal

Registration No. 39,018

Telephone (714) 557-3800

Signature

Date

03/16/06

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (vtr) 12/15/2004.  
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TO:USPTO

P.4/15

<b>FEE TRANSMITTAL</b> <b>for FY 2005</b> <small>Patent fees are subject to annual revision.</small>		Complete if Known -		
		Application Number	09/823,127	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Filing Date	March 30, 2001	
		First Named Inventor	Brent S. Jensen	
		Examiner Name	Arrienne M. Lezak	
		Art Unit	2143	
TOTAL AMOUNT OF PAYMENT (\$)		0.00	Attorney Docket No.	42390P10683

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: <u>Blakely, Sokoloff, Taylor &amp; Zafman LLP</u>	
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<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	William W. Schaaf	Registration No. (Attorney/Agent)	39,018
Signature		Telephone	(714) 557-3800
		Date	03/16/06

Based on PTO/SB-17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (WR) 12/15/2004.  
 SEND TO: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450

Appl. No. 09/823,127  
Amdt. Dated 03/16/2006  
Reply to Office Action of December 16, 2005

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Application. No. : 09/823,127  
Applicant : Bent S. Jensen  
Filed : 03/30/2001  
TC/A.U. : 2143  
Examiner : Arrienne M. Lezak

Confirmation No. 6836

Docket No. : 42390P10683  
Customer No. : 8791

Commissioner for Patents  
PO Box 1450  
Alexandria VA 22313-1450

**AMENDMENT**

Sir:

In response to the Office Action of December 16, 2005, please amend the above-identified application as follows:

**Amendments to the Claims** are reflected in the listing of claims, which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 8 of this paper.